U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

AUG 17 2005 READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT. 2. Fiscal Year Covered From:	Ť								
3. Name and address of person filing. 4. Name, file number, and address of labor organization. United Uni	Š-								
3. Name and address of person filing. 4. Name, file number, and address of labor organization. United Uni	\$ -								
Nome . A Parfers									
Name . A	-								
	Ler								
Labor Organization File Number 0:2210	1.2.								
P.O. Box, Bldg., Room No., if any P.O. Box 17250 P.O. Box, Building and Room Number, if any P.O. Box 172	50]								
Street Street									
City Honolulu City Honolulu	***								
State Hawaii ZIP Code + 4 90817 State Hawaii ZIP Code + 4 908	T.								
5. Position in labor organization.									
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.									
6. Name and address of Employer (including trade name, if any). 7.a. Nature of Interest, Transaction, or Income.	-								
Name									
Trade Name, if any:									
P.O. Box, Bldg., Room No., if any 7.b. Amount.									
Street 7.6. Amount									
National Action of the second									
City									
City Stale ZIP Code + 4	- Company								
	- designation of the second								
Stale ZIP Code + 4									

Name of Person Filing Mariano Pansian	٥	File Number U-									
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.											
8. Name and address of Business (including trade name, if any). Name Recofers Local 221 Trust Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 1199 Dillingham Blvd. #2cc City Hendulu State Hewaii ZIP Code + 4 9USIT	9. Business deals with: a. Labor Organiza b. Trust c. Employer	tion									
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing	ng.									
Name Refere Local 22: Trust Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any	Trust From	d Meeting									
Street 1199 Dillingham Blvd #200											
City Honoly	11.b. Approximate dollar value	e of such dealing.									
State Hawaii ZIP Code + 4 36817	12.a. Nature of interest held	or income received.									
	12.b. Amount.	425.88									
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.											
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	or other thing of value.										
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant	er parts A and B above) or other thing of value.										
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name	or other thing of value.										
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	or other thing of value.										
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or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City	or other thing of value.										

Name of Person Filing Mariano Panaian	0	File Number U-
B. Held an interest in or derived income or economic benefit with monetary versubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is ac (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	rwise dealing with the business tively seeking to represent, or directly to, or otherwise	
8. Name and address of Business (including trade name, if any). Name Refere Local 221 Trust Funds Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 1199 Dillingham Bird. *2cco City Handulu State itanian ZIP Code + 4 95617	9. Business deals with: a. Labor Organiza b. Trust c. Employer	ion
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealir	
Name Rafers Local 221 Trust Fund Trade Name, if any: P.O. Box, Bidg., Room No., if any Street 1199 Dillingham Bird. #2 City Handlulu State Hawaii ZIP Code + 4 96617	11.b. Approximate dollar value 12.a. Nature of interest held Lunch 12.b. Amount.	e of such dealing.
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		n continue
Trade Name, if any:		The state of the s
P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	general (major sets of security and sets) of security and sets of security (major sets) of security and sets of security (major sets) of security (major security (major sets) of security (major security (
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August 16, 2005	May 17, 2005	February 22, 2005	December 27, 2004	November 16, 2004	August 17, 2004	May 18, 2004	February 17, 2004	Meeting Date	Investment Committee	October 7, 2005	July 8, 2005	April 8, 2005	January 7, 2005	October 8, 2004	July 16, 2004	April 2, 2004	January 9, 2004	Meeting Date	Board of Trustees
	\$249.70	\$158.51	\$209.41	\$256.13	\$203.70	\$200.09	\$242.08	Expense	Total Lunch	·		\$213.21	\$258.75	\$287.78	\$275.62	\$198.08	\$294.57	Expense	Total Lunch
	14	13	11	15	14	15	13	Attending	Trustees & Professionals			12	10	13	11	15	13	Attending	Trustees & Professionals
	\$17.84	\$12.19	\$19.04	\$17.08	\$14.55	\$13.34	\$18.62	Expense	Individual			\$17.77	\$25.88	\$22.14	\$25.06	\$13.21	\$22.66	Expense	Individual
	\$71.34	\$48.77	\$57.11	\$68.30	\$43.65	\$53.36	\$37.24	Allocation	Labor Trustee			\$53.30	\$77.63	\$66.41	\$100.23	\$52.82	\$90.64	Allocation	Labor Trustee
	Vaughn, Robert, Enrique, Mariano	Vaughn, Robert, Enrique, Mariano	Vaughn, Robert, Enrique	Vaughn, Robert, Enrique, Mariano	Vaughn, Robert, Enrique	Vaughn, Robert, Enrique, Mariano	Vaughn, Enrique	In Attendance	Labor Trustee's			Vaughn, Robert, Mariano	Vaughn, Enrique, Mariano	Vaughn, Robert, Enrique,	Vaughn, Robert, Enrique, Mariano	Vaughn, Robert, Enrique, Mariano	Vaughn, Robert, Enrique, Mariano	In Attendance	Labor Trustee's

November 22, 2005